

CLAIMS ONLY

Application Number

101698994

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/											
2		/					51					
3		/					52					
4		/					53					
5		/					54					
6		/					55					
7		/					56					
8		/					57					
9		/					58					
10		/					59					
11		/					60					
12		/					61					
13		/					62					
14		/					63					
15		/					64					
16		/					65					
17		/					66					
18		/					67					
19		/					68					
20		/					69					
21		/					70					
22		/					71					
23		/					72					
24		/					73					
25		/					74					
26		/					75					
27		/					76					
28		/					77					
29		/					78					
30		/					79					
31		/					80					
32		/					81					
33		/					82					
34		/					83					
35		/					84					
36		/					85					
37		/					86					
38		/					87					
39		/					88					
40		/					89					
41		/					90					
42		/					91					
43		/					92					
44		/					93					
45		/					94					
46		/					95					
47		/					96					
48		/					97					
49		/					98					
50		/					99					
Total							100					
Indep	2						Total					
Depend	27						Indep					
Total	29						Depend					
Claims							Total					
							Claims					